

County: La Crosse
LA CROSSE NURSING HOME
700 WEST AVENUE SOUTH

Facility ID: 8360

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LA CROSSE 54601 Phone:(608) 785-0940
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/02): 14
Total Licensed Bed Capacity (12/31/02): 15
Number of Residents on 12/31/02: 11

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? No
Average Daily Census: 10

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%

Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		100.0	
Supp. Home Care-Personal Care	No	-----				-----	1 - 4 Years		0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.1		More Than 4 Years		0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	9.1				-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	45.5				100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.4		*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0		Full-Time Equivalent			
Congregate Meals	No	Cancer	9.1		-----		Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	9.1		100.0		(12/31/02)			
Other Meals	No	Cardiovascular	9.1	65 & Over	90.9		-----			
Transportation	No	Cerebrovascular	0.0	-----			RNs		39.3	
Referral Service	No	Diabetes	0.0	Sex	%		LPNs		19.4	
Other Services	No	Respiratory	9.1	-----			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	63.6	Male	9.1		Aides, & Orderlies			
Mentally Ill	No		-----	Female	90.9					
Provide Day Programming for			100.0		-----					
Developmentally Disabled	No				100.0					

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	200		0	0	0.0	0	0	0.0	0	1	100.0	200	0	0.0	0	0	0.0	0	11	100.0
Intermediate	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0				0	0.0		0	0.0		1	100.0		0	0.0		0	0.0		11	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:		Activities of	%	% Needing Assistance of One Or Two Staff	Total Number of Residents
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent		
Private Home/With Home Health	3.6	Bathing	9.1	81.8	11
Other Nursing Homes	0.3	Dressing	9.1	81.8	11
Acute Care Hospitals	93.1	Transferring	9.1	81.8	11
Psych. Hosp.-MR/DD Facilities	0.3	Toilet Use	9.1	81.8	11
Rehabilitation Hospitals	1.0	Eating	90.9	9.1	0.0
Other Locations	0.0	*****			
Total Number of Admissions	304	Continence		%	Special Treatments
Percent Discharges To:		Indwelling Or External Catheter		9.1	Receiving Respiratory Care
Private Home/No Home Health	43.9	Occ/Freq. Incontinent of Bladder		18.2	Receiving Tracheostomy Care
Private Home/With Home Health	26.1	Occ/Freq. Incontinent of Bowel		9.1	Receiving Suctioning
Other Nursing Homes	13.5				Receiving Ostomy Care
Acute Care Hospitals	10.6	Mobility			Receiving Tube Feeding
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets
Rehabilitation Hospitals	0.0				
Other Locations	0.7	Skin Care			Other Resident Characteristics
Deaths	5.3	With Pressure Sores		18.2	Have Advance Directives
Total Number of Discharges		With Rashes		18.2	Medications
(Including Deaths)	303				Receiving Psychoactive Drugs

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital- Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66.7	87.4	0.76	85.1	0.78
Current Residents from In-County	90.9	84.3	1.08	76.6	1.19
Admissions from In-County, Still Residing	3.3	15.2	0.22	20.3	0.16
Admissions/Average Daily Census	3040.0	213.3	14.25	133.4	22.80
Discharges/Average Daily Census	3030.0	214.2	14.14	135.3	22.39
Discharges To Private Residence/Average Daily Census	2120.0	112.9	18.77	56.6	37.49
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	90.9	91.8	0.99	87.7	1.04
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00
Private Pay Funded Residents	9.1	22.6	0.40	21.0	0.43
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00
General Medical Service Residents	63.6	21.8	2.92	20.5	3.10
Impaired ADL (Mean)*	45.5	48.9	0.93	49.3	0.92
Psychological Problems	54.5	51.6	1.06	54.0	1.01
Nursing Care Required (Mean)*	5.7	7.4	0.77	7.2	0.79